

2402

R. A. WATKINS PRINTING CO., PHOENIX

**PLACE OF BIRTH**  
 County of Pima  
 District of Miami  
 Town of \_\_\_\_\_  
 City of \_\_\_\_\_

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**

State Index No. 97  
 Co. Register No. 327  
 Local Registrar's No. \_\_\_\_\_

**ORIGINAL CERTIFICATE OF BIRTH**

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**FULL NAME OF CHILD** Escoveda Born NO  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive YES

Sex of Child <u>Female</u>	Twin, Triplet or other _____	and	Number in order of birth <u>1</u>	Legitimate _____	Date of Birth <u>June 1</u> 191 <u>9</u> (Month) (Day) (Yr.)
<b>FATHER</b>			<b>MOTHER</b>		
Full Name <u>Cleofas Escoveda</u>			Full Maiden Name <u>Josephine</u>		
Residence <u>Miami</u>			Residence <u>Miami</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>33</u> (Years)		Color or Race <u>Mex</u>	Age at last Birthday <u>28</u> (Years)	
Birthplace <u>Mex</u>			Birthplace <u>Mex</u>		
Occupation <u>Nothing</u>			Occupation <u>H.V.R.</u>		

Number of child of this mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

hereby certify that I attended the birth of the above child; and that it occurred on June 1 1919, at 6 P M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. B. Branton  
 (Attending physician, midwife, householder.)\*

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_

Address \_\_\_\_\_  
 Filed June 3 1919

051-601-100  
 COUNTY REGISTRAR.

A True Copy  
 Filed JUL 7 1919

W. B. Branton  
 LOCAL REGISTRAR.  
B. J. Fox  
 COUNTY REGISTRAR.